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AND PLAN OF	F DET ENCIES	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB	CLIA (X2) ME ER: A. BUIL B. WIN			E SURVEY PLETEO
NAME OF PRO	VIDER OR SUPPLIER	HFD12-0074		Y. STATE, ZIP CODE	02	/04/2008
CAPITAL C	18 20	2	820 HARTFORD S VASHINGTON, DC	STEET, SE		
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Ar Ja 20 se re: de dis Th object ma res of i	nuar \$1, 2008 108 Frandom s 100 Fr	survey was initiated on and completed on February sample of three clients was equilation of four female males residents with vary retardation and other survey were based on a residence and two day a findings were based on direct care staff in the program, as well as a readministrative records, to surveyal incident reportings.	view			7008 NAR -8 P 1: 35
Each shall good This Bass falle wind The On I the Libert 1 090 3504	ch victow shall destriblinds, which is the is not ed publisher at includes find a find	3 at approximately 12;30 Ig room were observed to es.	MRP PM be	3501.5 The blinds in the living root replaced by 3/15/08. In the future, the home man perform monthly environm and submit repair requests sissues are resolved in a time	nager will ental audits,	3/15/08

	STATEME! AND PLAN	OF CONTR	HENCIES DION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM HFD12-0074	VCLIA IBER:	(X2) MUL A. RUILD B. WING			E SURVEY PLETED		
	NAME OF	ROVID	R SUPPLIER		STREET AD	DRESS OF	STATE BIS ASSESSMENT	02	/04/2008		
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	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	and saccular odors. This is main free for the following t	ations of directions of directions of direction and rute as a safe, clear direction and could and could and could another are the safe as a s	r and be free of t, rubbish, and objection to the GHMRP failed to the the sink was observed the sink was observed the sink was observed the refrigerator had a not be open.	to cility ucted ensure ured to k was ved to	1090	3504.1 Internal. 1. A new toilet has been instal secured to the floor. 2/10/08. 2. The Garbage disposal has b repaired, and is operable. 2/10 3, 4, 6,7. The cabinets in the k be repaired by 3/30/08. 5. New pots and pans have been purchased, 2/25/08. 8, 9. All the refrigerators and fnow have thermometers. 2/15/10. All bulbs have been replace there is enough lighting in the atoom. In the future, environmental author conducted monthly and required for repairs to include purchasing equipment for the home and kit Program coordinator will provide oversight to ensure that audits a adequately and timely.	een /08 itchen will en reezers 08. ed and dining dits will tests made g chen.	3/30/08		
7₽d 7TA	in Regulatio TE FORM	n Admili			E 1730	TOP					

	NT OF CE	R SUPPLIER	IDENTIFICATION NUM HFD12-0074		A. BUILD B. WING		. COM	E SURVEY
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1 090	Contra	d From pag	ge 2	-	1090			·
	9. The hermometer in the stand up freezer was broked. 10. In light fixtures in the dining room area were it bout working bulbs. Extens 1. Nak I Wiring was observed exposed from the external corner of the group home. The wiring was railly incased in a plastic box with a missic protective panel door. The wiring expose was labeled with white tape that specific "Kitchen, office and living room". 2. A poll of five windows were without protective storm window screen. 3. For yindows with air condition units were not sealed to the units were not secure. When touch to the air conditioners they were observed to move tack and forth in the window seal.		r in the stand up freez					
			геа		Evternol			
			iring 3		External. 1. The wiring on the home has been see 2. All windows will for protective coverpairs done by 3/ 3. All windows with conditioning seals secured and sealed	cured. 2/29/08. be inspected ering, and 15/08. air will be		
			ow screen. air condition units we were not secure. What tioners they were obs	en erved		In the future, environmenta be conducted monthly and a for repairs to include purcha equipment for the home and	l audits will requests made asing	3/30/0
-	417	OUSEKEE			107	•		
n	eside onver	ternative pr ho wishes to I place to wa	ovide a washer and d ovisions so that each o shall have a safe an ash and dry personal			·		
Ţ	his Sure ased	e is not me	t as evidenced by					
וד ס	Based of interview the GHMRP dryer was not working appropriately. The finder includes: During inspection of the environment on				3504.14 The washer was replaced on home manager will make surhousekeeping issues are idented in a timely manner.	e that all	3/15/08	
Fe	bruada	2008, the o	rue environment on Iryer was making a loi			and the muchy manner		

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NAME OF	PROVIDER	R SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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i 107	and rie unpleat Program adequal adequa	ent to the re Coordinate ely and was e) PROGRA MRP shall ophy and p lude, at a m number and	ge 3 when operating which esidents. According to the dryer was not a scheduled to be reported as a written stated rogrammatic goals within the following types of residents to the tas evidenced by yield and staff interview and staff interview.	to the working placed. ment of which g: o be	I 140	3506.1 The policies and procedures will modified to include the statement philosophy and programmatic gethe number and type of individuatived. The administrator will rand sign the policies and procedimanual at least annually.	nt of its oals with als eview	3/30/08
	regulation The fine Review not adding philosop address served Admir is current provisid 3507.4(The man proceed) (a) Gen governi	y requirements hg includes of the policy ess a staten by, program the number this facility rator reveal blicles and s of the reg POLICIES ual shall includes for at lead al administ body, organ ent of the quent;		ual did ed to s to be acility's r the orate the	l 163	3507.4(a) The policies and procedures will modified to include an organization chart, and internal procedures to the integrity and quality assuranchome. The administrator will revisign the policies and procedure in least annually.	ional ensure e of the	3/30/08.

STATEMEI AND PLAN	NT OF DEF	ENCIES TION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILD	*	(X3) DATE COMP	SURVEY LETED
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I 163	Continue This Step Based of facility is authorit and pro- The fine On January interview the policy and procedure assurant facility is the policy provisor 3507.4(Interview the policy provisor The man procedure (b) Physical Action (b) Physical facility is the policy provisor This Sar Based of falled to environment procedure	tute is not a staff interiled to deverand internatedures. In staff interiled to deverand internatedures. In includes any 31, 200 with the Actional characteristic and process to ensure of the GH dministrates and process of the regular shall includes for at least all environments of the includes the staff includes t	ge 4 met as evidenced by view and record review and record review and record review and quality assurance of the integrity and quality and of the integrity and quality and of the integrity and quality revealed that he was a comporate policies and the integrity and quality requirement. AND PROCEDURE corporate policies and the following: ment, which covers the following: ment, which covers tenance, household integrity and direct as evidenced by: of records the GHM a policy to address plude in its policy and	ew, the lines of policies 30 PM, review of revealed uality in the will modify to the state of the lines of		CROSS-REFERENCED TO THE	will be on physical for cleaning or will and	COMPLETE DATE
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	The main procedure and evacure resident. This State Based on GHMR the have the treet. The firms on Januarinterview	al shall in s for at le and safet ation, infe s for eme te is not r interview olicy and gency's p g includes y 31, 200 rith the Ac	S AND PROCEDURA corporate policies an ast the following: by, which covers fire section control, medica regency and the death met as evidenced by: and record review of procedure manual fa- policy on infection controls: 8 at approximately 2: dministrator and review and procedures manual	safety ation, and to f a the iled to itrol.	l 165	3507.4 (c) The policies and procedures will modified to include a policy on control. The administrator will a	infection	
J 166	to have a state GHU Administration of the control o	policy on in P. Intervitor reveal icies and of the regal shall ince for at lease keeping, iministrati	nd procedures manu- infection control practices with the facility's ed that he will modify procedures to incorp- inlatory requirement. AND PROCEDURE corporate policies and est the following: which covers resident ve records, and	the orate the	l 165	and sign the policies and proced manual at least annually.		3/30/08

MANE OF PROVIDE AS SUPPLIES CAPITAL CARE OXA-10 PRICED AND STEPT, SE ASSISTANCE STATE SUPPLIES AND PROCEDURES BY TAG TAG TAG Continued From page 6 confidentially of records, This did the is not met as evidenced by. Based of interview and record review of the personnel policies and procedures failed to have a policy or necord keeping. The finding includes: On January 31, 2008 at approximately 2:30 PM, interview with the facility administrator and review of the regulatory requirement. 1187 The matual shall incorporate policies and procedures for at least the following: (a) Personnel, which covers job descriptions and qualifications, staffrestednt ratios, training and staff development, health inventory. This family 31, 2008 at approximately 2:30 PM, interview and records review of the regulatory requirement. 1187 The matual shall incorporate policies and procedures for at least the following: (a) Personnel, which covers job descriptions and qualifications, staffrestednt ratios, training and staff development, health inventory. This Sense is not met as evidenced by: Based is interview and records review GHMRP failed by ansure policies included a policy to address hersonnel. The finite procedures the GHMRP failed to manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures will be modified to include policies and procedure will review and records review of the policies and procedures the failed to include policies and procedure will review and procedures the failed to include policies and procedure will review and qualifications, staffrestednt ratios, training and staff development, health inventory. The administrator will review and qualifications, staffrestednt ratios, training and staff development, health inventory. The administrator will review and qualifications, staffrestednt ratios and qualifications, staffrestednt ratios. The policies and procedure will review and general favelopment, health inventory. The administrator will rev	STATEMEN AND PLAN	Π OF DEF	ENCIES TION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDI		(X3) DATE	SURVEY LETED
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that he still modify the current policies and procedures to incorporate the provisions of the regular by requirement. I 167 3507.4(a) POLICIES AND PROCEDURES The markial shall incorporate policies and procedures for at least the following: (a) Personnel, which covers job descriptions and qualified ones, staff/resident ratios, training and staff development, health inventory; This Saure is not met as evidenced by: Based or interview and records review GHMRP failed to insure policies included a policy to address betsonnel. The finite principle includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures the GHMRP failed to have a betty on personnel, which covers job descriptions, staff/residents, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3/30/08	į	Interview	with the fac	cility's Administrator I	revealed		manual at least appualls.	ure	1
The manual shall incorporate policies and procedures for at least the following: (a) Petsannel, which covers job descriptions and qualifications, stafffresident ratios, training and staff development, health inventory; This State is not met as evidenced by: Based of interview and records review GHMRP failed to interview and records review GHMRP failed to include policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident inventory. The administrator will review and sign the policies and procedure manual at least annually.		that he	modify th	e current policies an	d		indicate at least annually.		3/30/08
The manual shall incorporate policies and procedures for at least the following: (a) Petsannel, which covers job descriptions and qualifications, stafffresident ratios, training and staff development, health inventory; This State is not met as evidenced by: Based of interview and records review GHMRP failed to interview and records review GHMRP failed to include policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident inventory. The administrator will review and sign the policies and procedure manual at least annually.	i	procedu	s to incorp	orate the provisions	of the				1 1
The manual shall incorporate policies and procedures for at least the following: (a) Personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory; This State is not met as evidenced by: Based by interview and records review GHMRP failed to insure policies included a policy to address personnel. The finding includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures the GHMRP failed to have a pacty on personnel, which covers job descriptions, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually.		regulació	requireme	ent.			·		Ţ
procedures for at least the following: (a) Personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory; This Statute is not met as evidenced by: Based of interview and records review GHMRP failed to insure policies included a policy to address dersonnel. The finiteg includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3/30/08	1 167	3507.4(4)	POLICIES	AND PROCEDURE	s	1167	'		,
procedures for at least the following: (a) Personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory; This Statute is not met as evidenced by: Based of interview and records review GHMRP failed to insure policies included a policy to address dersonnel. The finiteg includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3/30/08		The A	l Iolichallina	rarmasala aaliaiaa aa	.	į			,
(e) Personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff descriptions the elements. Interview with the Administrator Review of the policies and qualifications, staff/resident ratios, training and staff development, health inventory. This State is not met as evidenced by: Based de interview and records review GHMRP failed to interview and records review GHMRP failed to include policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually.					4				[]
qualifications, staff/resident ratios, training and staff development, health inventory. This State is not met as evidenced by: Based of interview and records review GHMRP failed to include policies included a policy to address personnel. The finite g includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure will treview and sign the policies and procedure will review and sign the policies and procedure manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident inventory. The administrator will review and sign the policies and procedure manual at least annually.				•	İ				1
Staff development, health inventory: This Statute is not met as evidenced by: Based of interview and records review GHMRP failed to insure policies included a policy to address personnel. The first includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory requirements. Interview with the 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3/30/08		(e) Peris	inel, which	covers job description	bns end				
This State is not met as evidenced by: Based by Interview and records review GHMRP failed to insure policies included a policy to address personnel. The finite procedures: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory equirements. Interview with the 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory equirements. Interview with the	1	dnaftiga	pns, staff/re	esident ratios, trainin	gand {				1
Based by interview and records review GHMRP failed to insure policies included a policy to address personnel. The finiteg includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually.		Start deve	opment, h	ealth inventory;	-			•	
Based by interview and records review GHMRP failed to insure policies included a policy to address personnel. The finiteg includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually.	l	This State	te is not m	net as evidenced by:					! !
The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review have a procedure the GHMRP failed to inventory. The administrator will review and sign the policies and procedure and sign the policies and procedure manual at least annually.		Basedlo	interview a	and records review G	HMRP				l . I
The finite includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3/30/08		failed to	nsure polic	ies included a policy	to	ì	3507.4(e)	f	1 .1
The finite includes: On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. Interview with the modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually.] .	address	ersonnel.					he	
On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures the GHMRP failed to have a parcy on personnel, which covers job descriptions and qualifications, staff/resident inventory. The administrator will review and sign the policies and procedure manual at least annually. procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually.	1,	الماء ورا	المرابعة المرابعة		.		modified to include noticies and		
On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures the GHMRP failed to have a particle of the descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3/30/08 manual at least annually.	{	1715 1111	y metades:				procedures that cover job descrip	tions]
interview with the Administrator Review of the policies and procedures the GHMRP failed to have a procedure with covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually. 3/30/08 manual at least annually.	1	On Jahu	v 31, 2008	at approximately 20	SO EM		and qualifications, staff/resident	ratios	
policies and procedures the GHMRP failed to have a parcy on personnel, which covers job descriptations and qualifications, staff/resident ratios, traiting and staff development, health inventory The administrator will review and sign the policies and procedure manual at least annually. 3/30/08							training and staff development, he	ealth	
have a particy on personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventor requirements. Interview with the	/ /	policies 🚟	d procedu	res the GHMRP faile	rt to		inventory. The administrator will	review	
ratios, traiting and staff development, health inventory equirements. Interview with the		have a p	cy on pers	onnel, which covers	iob	.	and sign the policies and procedu	re	3/30/08
ratios, rating and staff development, health inventor requirements. Interview with the	{	Jescri pken	is and quai	lifications, staff/reside	ent i		manual at least annually.	- 1	
inventopprequirements. Interview with the		atios, ra	ing and st	aff development, hea	eith]
	ADE D	луептору	equiremen	ts. Interview with the	•	<u> </u>			·]

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ND FLAN	OF DEFINATION OF CORRES	TION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER.	A. BUILDI		COMPLETED	
			HFD12-0074		B. WING		02	/04/2008
AME OF P	ROVIDER	SUPPLIER		STREET ADDR	ESS, CITY,	STATE, ZIP CODE	1 02	104/2000
APITAL	CARE			2820 HART WASHINGT	FORD 97	EET. SF		
(X4) ID PREFIX TAG		IDEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	E1114	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMP COMP
l 167	the cut	ldministra it policies	tor revealed that he want procedures to inc	/ill modify	167			
I 169	the provisions of the regulatory requirement. 1 169 3507.4(a) POLICIES AND PROCEDURES The magnital shall incorporate policies and				169			
	(g) Resid	s for at le	east the following:					
	manaschient of funds behavibi managemen guardiatishvolvement, residents and residen		ent, services, parenta nt, visitation, staff trea	and		. <u></u> .		
,	GHMR P 源	iled to im residents	met as evidenced by: and record review, the plement have written independence.	e policies		3507.4(g) The policies and procedure modified to include reside covers clothing, management	nt life which	
	nterview colicies a lave a po covers di	ith the Add If procedu by to add hing, mar	B at approximately 2:3 Iministrator Review of tres the GHMRP faller ress the Residents' life lagement of funds, re- nevior management.	the d to e. which		resident rights, discipline, leading management, services, pare guardian involvement, visit treatment of residents, and The administrator will review.	behavior ental and tation, staff resident work. ew and sign	3/30/8
S T A	ervices, disitation esident v dministr current pe	arental ar taff treatr rk. Inten or reveal cles and	ed guardian involvement of residents, and riew with the facility's ad that he will modify to procedures to incorpo	the	-	the policies and procedure least annually.	manual at	
		S F	viatory requirement.	1 11	34		:	

STATEMI AND PLA	NY OF LE	CIENCIES CTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MUI A. BUILD B. WING	,	TAD (EX)	E SURVEY FLETED
NAME OF	PROVIDE	OR SUPPLIER	7 7 072-0014	STREETAN	REET ADDRESS, CITY, STATE, ZIP CODE			
	AL CARE			2820 HAR WASHING	TFORD S	TEET. SE	***	
(X4) ID PREFIX TAG		SH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SCIDENTIFYING INFORMA	CHILL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
1184	Con	ed From pa	ige β		1184			. -
	Each (E that sh	HMRP shall ws the follo	I have an organization wing:	1	1 104			
<u>.</u>	license	inalor components of the administering sport the roles of individuals when the second is not an agency;						
	Basedi procedi an orga	n interview res manual,	met as evidenced by: and raylew of the poli the GHMRP failed to part representative of rchy.	cy and				
	The fine	ing includes	:			3508.5(a)		
	policies have an 2008 at Assis a organ at explained	with the Acting procedured proced	8 at approximately 2:3 Iministrator and reviewers for GHMRP failed and chart. On February 1:30 PM, interviewere aled a draft copy ure, however the Directory organizational chart and by the Administratory	w of the d to ry 4. with the of the octor being was		The organizational chart that she major components of the admining agency is in development, and vavailable by 3/15/08. The administrator will review at the organizational chart as roles or on an annual basis.	istering vill be nd revise	3/30/08
	3509.2. Each sta	ERSONNEI person shi n, which de	POLICIES all have a written job tails each of his or he uties and supervisory	er maior	202	3509.2 All direct care staff now have the description, and they have been r	oir job eviewed	
	This Sal Based of have on all empto	te is not m record review e for review cos, gs include:	et as evidenced by: ew, the GHMRP failed current job descripti			and signed. 2/15/08. The human resources department review job descriptions with new and obtain signatures prior to employment. The HR will also at personnel folders quarterly to ensall staff have their current job descriptions.	hires idit	3/15/08

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STATEME AND PLAI	NT OF DEE	IENCIES CTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MØER:	(X2) MUI A. BUILD B. WING		- COM	S SURVEY PLETED		
NAME OF	PROVIDER	R SUPPLIER		STREET AL	DRESS CITY	, STATE, ZIP CODE	02	/04/2008		
CAPITA	L CARE			2820 HAI WASHING	ARTFORD STEET, SE IGTON, DC 20020					
(X4) ID PREFIX YAG] (E44)	TH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	E(n)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(XI) COMPLETE DATE		
1 202	Review 2008 current (EB, I	vealed that ob descripti MG and Manager, Out	ge 9 Innel files on Februar the GHMRP failed to ons for four direct ca Z) and Program Coo ality Assurance Man nt Coordinator.	provide	1 202					
1 206	Each each each continuation con	ployee, pric thereafter, on that a he d and that t	L POLICIES or to employment and shall provide a physicelth inventory has being employee 's healer to perform the requirement.	cian 's een Ith status	1 208					
	Based of GHMFF prior to provide that duce perform would a duties. The fire fire eview or Februar GHMFF health becare statthree out	interview a falled to ensimployment evidence of mented a hard that the whim or he gs include: with the Protection of the GHMRF is 2008 at 2 alled to providicates well that the GHMRF includes well that the GHMRF is 2008 at 2 alled to providicates well that the GHMRF includes the graph of th	net as evidenced by: and record review, the sure that each emplo- and annually thereaff a physician's certific ealth inventory had b are employee's health ar to perform their record gram Coordinator ar "s personnel files on 100 PM revealed the vide evidence that cu re on file for (6) six di Z, MR and EA MB) at stritionist, Social Wor an) and (5) five LNPs	yee, ier, ation een status quired rrent irect nd (3) ker.		3509.6 All employees whose health are outdated have been notitive weeks to obtain them. Itaken off the schedule if heacertificates are not obtained. The HR will also audit persquarterly to ensure that all scurrent health certificates.	fied and given They will be outh by 3/20/08. Sonnel folders	3/20/08		

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STATEMEN AND PLAN			(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMS	CLIA IER:	(X2) MUL A. BUILD B. WING	ING	DATE SURVEY COMPLETED
			HFD12-0074				02/04/2008
NAME OF P	ROVIDER	R SUPPLIER		TREET ADDR	RESS, CITY	, STATE, ZIP CODE	
CAPITAL	CARE			2820 HART WASHINGT			
(X4) ID PREFIX TAG	(64	関係 DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL SC IDENTIFYING INFORMATI	JLL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLET
1 206	Continu	d From pa	ge 10		206		
	MO, DY	CT and F	EZ) .			,	
1 291	3514.2	514.2 RESIDENT RECORDS			291		
	Each signed	prd shall b ar each indi	e kept current, dated, a vidual who makes an e	and entry,			
	Based (staff inter	met as evidenced by; view and record review neure that the medical (staff	. ,		-
1	signed	and dated m	redical records for six o	of the			
	SIX FEBR	##11's residin #11, #4, #5 a	ig in the facility. [Resid	lents		3514.2	
ł	"', "4	, , , , , , , , , , ,	(10 #0]			All physician order sheets have now b	een
	The fine	ings include	a;			signed by the physician and registered nurse. The director of nursing will	L
	Review	the physi	cian's orders on Janua	ry 31,		perform quarterly audits of medical	
			primary care physician			records to ensure that all records are u	p
	not sign	er and date	d the physician's order sponsible medical	s for		to date and signed by the physician an registered nurse.	d
1	professi	anal monito	ring the residents medi	ical		registered muse,	j
İ	care F	ther review	v revealed that the nur	sing		1. The physician orders for	1
1	staff had	hot signed	the orders either. Add	litional		resident #I has been clarified	_
	review	the orders	revealed that some of	the		indicate the time for blood su	
-	ordersiv	re not clea	ar and needed clarificat	tion.		monitoring. The health care p	ga, 10-
	For Expa	imple:				has also been updated to addr	ece
	_ 1			j		the diagnosis of Diabetes.	2/29/08
	1. Resi	nt #1 was	diagnosed with Non In	sulin			223,00
	vepenp	ant Dispetes	Mellitis. The Physicia	in			ł
1	order mi	e reaune	nt section revealed that tring every day". Furthe	[,		1,
	reviewin	MINE Orders	did not indicate what ti	Tie of		3514.2	
	day he	blood su	gar levels were to be to	aken		2. The registered nurse will confer with t	he
] .	for optin	success.	Also there was no evi	dence		primary care physician to clarify the	ŀ
1.	of a Hea	и Мападел	ment Care Plan to addi	ess		purpose of the medication Lorazepam that	at
<u> </u>	the clien	diagnosis	s of Diabetes.			resident #3 is taking by 3/5/08. The healt	tb.
İ						care management plan will be updated to)
	2. Resi	mat#3 is p	rescribed Lorazepam 2	! mg,		determine the purpose and use of this	3/15/08
1	one te ti li	to be take	n by mouth at bedtime	,		sedation.	
ith Regula			e physician orders did n	ot		<u> </u>	

STATEMEI AND PLAN	NT OF DEP	ENCIES TION	(X1) PROVIDER/SUPPLIE	ER/CLIA MBER;	(X2) MU A. BUILI E. WINC		(XG) DATE COMP	SURVEY LETED
NAME OF		R SUPPLIER	HFD12-0074		1		02/	04/2008
NAMEUF	PROVIDER	RSUPPLIER		STREET AD	DRESS, CIT	Y, STATE, ZIP CODE	<u></u>	U-7/EUU
CAPITA	L CAR			2820 HAI WASHING	RTFORD S STON, DC	TEET, SE 20020		
(X4) ID		UMMARY STA	TEMENT OF DEFICIENCIE	\$	Jp	PROVIDER'S PLAN OF CO	DMPA===	
PREFIX TAG	RI G	H DEFICIENCY LATORY OR L	MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL TION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	그리 너 이 나이나면 본	(XS) COMPLETE DATE
1 291	Continu	ed From page 11			1 291			
	reflect	e purpose i	in which this sedation	was to				
	be adm	histered. A	iso there was no evid	lence				1
	that a	alth Manag	iso there was no evid gement Care Plan to					1
ĺ	determine the purpose and use of this sedation		edation,					
	3. Respent #3 has an order for Renegal 800 r			1 800 mg		3. The Registered nurse will o	letermine the	
	that was ordered three times a day meals thinner observation on February		ee times a day with i	is ii		status of the medication, and	make sure that	
	meara.	rinner obse	Nation on February	1, 2008		it's status is current on the phy	/sician order	1
			iu Pivi revealed the			sheet, and medication adminis	stration record.	1
}	the con	on was not	administered. Interv	iew with		In addition, medication nurses	will receive	1
	medical	tranon nuisi	e revealed that "the			training from the registered nu	itse on	ł
1	medication may have been discontinued". The nurse was unable to determine the status of the orders.		. Ine		medication administration. Th	e RN will		
			orme		conduct a periodic monitoring	medication	ļ	
						pass to ensure that all medicate	ion is being	1
	4. Res	ent #4 had	Instruction for "Tube	Feed		properly administered.		3/15/08
	Nutreifa機	5 Fiber 5 ca	ans via J _Y Tube eveny	day with		1	,	""
- 1	TOO THE ME	ater ilush vi	3 J-tube before and :	after				
	each neag	ding". Seco	ndly. Resource Bene	eprotien (4 The		
	bowqet.	Scoops mix	ked with 50 ML water	'vla		4. The physician orders for res	ident #4's	
1	G-tubp 源	times a day	. Further review of t	he		tube feedings, will be clarified	to indicate	
1	physiolal	s order did	not reflect 3 times a	dav as		frequency and time parameters	. The RN	
į '	the frebili	ency and the	e time parameter in v	which		will review all physician order	s monthly to	
	either #	itube feedin	g or the Resource		`	ensure that all orders are clear;	and precise.	3/15/08
. :	supplem	nt were to t	pe provided for Resid	lent #4			į	
) ,	5. Ob se	vation of Ja:	nuary 31, 2008 and	1			_	ı
1.8	-ebruarili	#, 2008 evid	dence that Resident :	#4's		5. Resident #4's hand splints ha		
) J	rands n	re contracte	ed. Interview with the	nurse	ĺ	located, and are in use. The hor	me manager	:
1	evesiedi	nat hands s	iplints supports to red	duce		will update all personal invento	ories at least	
] [contraction	e were to b	e encouraged for pro	рег		every six months to ensure that	all items are	
	Jand bp	ioning and	support.		ļ	accounted for, and if needed ar	e purchased.	3/30/08
F	Review	the physicia	an's order confirmed	that		-	ſ	
l t	his subb	irt has been	prescribed by the	ĺ			ł	
, L	hysicila	On Februa	Ty 4, 2008, the surve	evor			l	
ji	nquire#	to where t	he resident personal	',-'		•		
ļ	roperty	ventory wa	ary 4, 2008, the surve he resident personal s in the Resident's		· }			
1 11	iaoiiita 🚒	records. 1	The response was the	at the i	1	::		1
d	ilrect da	staff had n	ot completed the res	ident's				
ith Regulati	an Admin	ration		1		, , , , , , , , , , , , , , , , , , ,		

STATEME AND PLAN	NT OF DEF	TION IDENTIFICATION NUME		ER/CLIA MBER;	A. BUILD		(X3) DATE	SURVEY LETED
			HFD12-0074		B. WING	B. WING		
NAME OF	PROVIDER	R SUPPLIER		STREET AL	DRESS. CITY	STATE, ZIP CODE	0.2	04/2008
CAPITA	L CARE			WASHING	RTFORD ST GTON, DC	TEET, SE 20020		
(X4) ID PREFIX	L	UMMARY STA	TEMENT OF DEFICIENCIE	5	(D)	PROVIDER'S PLAN OF CORRECT	CTION	(XS)
TAG	REG	ATORY OR L	MUST BE PRECEDED BY SC IDENTIFYING INFORMA	TION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	שות מוגול	COMPLETE
1 291	Continu	d From pag	ge 12		1291			
	person	inventory a	and she was not sure	e if hand		}		
•	splints開	lere a part d	of his personal items	when		1		
	transfer	ed into the	facility.			, '		
1370	3519.1	MERGENO	CIES		1370			
	Each G	MRP shall	maintain written poli	cies and		·		
	proceding	es which a	ddress emergency si	ituations.				
	Includ##	fire or geni	eral disaster, missind	2				
	persone	serious ilin	ess or trauma, and o	ieath.	·			
	This Sis	ute is not r	net as evidenced by:	,				
	Baseo d	observation	on , interview and rec	ard				1
	review 🗱	B GHMRP (failed to ensure that:	the staff				1 1
	and mobile	ina personn	rel followed the agen	cv I				
	policida	nd procedu	ires on emergencies					
	The find	g include:				3519.1		
	On Jahr	iry 31, 2008	3 at approximately 2:	30 PM	:	The facility administrator is in the	process	1
	inter√lei#	with the Ad	lministrator and reuie		•	of modifying the policy on persons covers fire evacuation procedures,	icl, which	!!!
	agendes	policies and	d procedures reveale	ed that		persons and death and burial and fi	missing	
ŀ	Lue OHIVE	Kh talled to	have a policy for pe	rsonnel.		arrangements. The administrator w	meral	
	which bo	ers fire eva	cuation procedures,	missing		COnduct an annual review and sign	_31	
	persons	ng death a	nd butial and funeral		•	posicies and procedures to make sur	er that	
	Admin	ent interv	nd burial and funeral lew with the facility's ed that he will modify	Ma		they are updated and functional.	CUM	7/20/00
	current	licies and r	procedures to incorp	orate the			1	3/30/08
	ргоуізіри	of the regu	ulatory requirement.	o.alc uic		·	1	
1 11-7-2		Ì			-			
1.57.1		MERGENCI			1371			
	COCHANICAL COCHANICA COCHANICAL COCHANICAL COCHANICAL COCHANICAL COCHANICAL COCHANICA	virtir shall n	naintain written ach employee has b		ļ			1
ľ	trained	catvina on	ach employee has b t the policies and	een	İ		1	
	proceduit	s set forth	in § 3519.1 of this se	ction				j
J	1 40	1 .		2.7211,				
1	TL:1 10	da is not m	et as evidenced by:			•		J
i	Ture 2 Jan	te ia norm	er as evidenced by:	1	i		1	1
1	Based on	interview ar	nd record review, the		1			

STATEMENT OF CORRECTION		CTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		(X3) BAT∈ COMF	SURVEY PLETED
			HFD12-0074		B. WING		02	/04/2008
VAME OF F	ROVIDE	DR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE		10-7,2000
CAPITAL	_ CARE	<u> </u>		WASHING	RTFORD ST STON, DC	reet, se 20020		
(X4) ID PREFIX TAG	LATORY OR LSC IDENTIFYING INFORMATION)			FL0.1	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC- CROSS-REFERENCED TO DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X3) COMPL DATI
l 371	GHNFF failed to train the staff on the agency's polices and procedures. The its ing includes: On Fair vary 4, 2008 at approximately 2:30 PM, interview with the Administrator review of the available training records the GHMRP failed to have endence that direct care staff were trained on the gencies policies and procedures and personnel practices.			30 PM, f the fled to	1371	3519.2 All staff is in the process of required training on policit practices. This will be con 3/30/08. All staff will be to and upon hire on policies a Human resources will mai training for each staff pers reviewed quarterly to ensurement.	es and personnel opleted by rained annually and procedures, ntain a log of all on; these will be	3/30/0
1 391 3	Each Comments and research res	cy numbers ue squads, dent's phy dministrato ute is not m interview a failed to hav on available g includes; on througho that emerge led or was a case of eme PROFESS ONS	post by each telephos, which include at least the local police departs and the agent of the sevidenced by: and record review, the seemergency contact for the staff's use. The facility revealed ency contact informations available for direct calcagencies.	ed no tion had re staff	1 372	Brigancy telephone minimals and agency admits been developed and is posted for staff. They have been to emergency procedures, and coordinator will review emprocedures with all new staperiodically at staff meeting	ding fire, police, nistration has sed in the facility ained on program ergency	3/30/08
Each GLMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every								

STATEMENT OF DEFICIENCI AND PLAN OF CONTROL TION		TENCIES TION				(X2) MULTIPLE CONSTRUCTION (X3)		
			HFD12-0074		B. WING		DZ/04/2008	
NAME OF	PROVIDER	R SUPPLIER		STREET AL	DDRESS CIT	Y, STATE, ZIP CODE	<u> </u>	
CAPITA	WASHI				RTFORD S GTON, DC	TEET, SE 20020		
(X4) ID PREFIX TAG	(EAE	H DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	EHH	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)	(X5) COMPLETE DATE	
1 391	Continu	d From pag	ge 14		1391			
	Individual necession profession in the formal in the forma	I habilitation by the intension service those service those service columbia s or areas cine; the is not read the is not required bying areas or includes:	n plan, as determine terdisciplinary team. Is may include, but no vices provided by include the following of services: The das evidenced by: The have current licenses by District of Columns of professional services:	The ot be lividuals ad by		3520.2(a) The primary care physician for the resident has provided his license, which is now on file in the home. The HR department will audit personnel files quarterly, to ensure that all licenses are current.	2/29/08	
	January provide physicia 3520.24 PROVIS Each GA profession necession accorda individual	11, 2008, re license for PROFESS DNS MRP shall had staff to co profession be with the control in	vealed the facility fait one of the primary of the primary of the primary of the primary of the theory out and monitorial interventions, in goals and objectives plan, as determined refisciplinary team. T	ed to are	l 39 5	3520.2(e) All nurses have been instructed to provide		
	professi fimited to trained, District o discipline (e) Nurs	lal services those servi ualified, and Columbia la or areas or l g; te is not me	may include, but no ces provided by India licensed as required win the following	t be viduals		All huses have been instructed to provide current licenses by 3/5/08. If this does not occur, they shall be taken off the schedule until they can provide current licenses. The HR department will audit personnel files quarterly, to ensure that all licenses are current.	3/5/08	

02/20/200	98 04: 50 FA	XX 2024429430	HRA		,	☑ 019 PRINTED: 02/3 FORM APP	20/2008
STATEMENT OF CO	OFFICENCIES OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SURVE COMPLETED	
		HFD12-0074		B, WING _	-	02/04/20	08
NAME OF PROV	IDER OF SUPPL	IER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	<u></u>	
CAPITAL CA	KE.		2820 HAR WASHING	TFORD STI	EET, SE 10020		ļ
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1 395 Co	ntinged Fron	n page 15		1395			
Ba Gh lice The Re 200 cur	set on intervish the failed tenses on file, e finding incluview of the post revealed to the fail the f	lew and record review, to to ensure its nurses had	ruary 4, have actical				
1 396 352		ESSION SERVICES: GI		I 39 6			
pronect according neck problem train train Dissipation (f) This Base GH fice The Rev 200 cum	ofessional standards of the policy of the contained with the contained by the contained the containe	not met as evidenced by lew and record review, to o ensure its nurses had o	s of every d to be The ot be lividuals ed by current		3520.2(f) All OT has been notified to provide current license by 3/5/08. The HR department will audit personnel file quarterly, to ensure that all licenses current.	es 3/5/	/08

STATEME AND PLAN	OF CORRE	CIENCIES (X1) PROVIDER/SUPP IDENTIFICATION IDENTIFI		ER/CLIA MBER:	(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED	
			HFD12-0074	v—			0.2	/04/2008
NAME OF	PROVIDER	PR SUPPLIER		STREET AU	DRESS, CITY	STATE ZIP CODE		0-1/2000
CAPITA	L CARE			WASHING	RTFORD S' STON, DC	FEET, SE 20020		
(X4) ID		SUMMARY STA	TEMENT OF DEFICIENCIE	5	ID	PROVIDER'S PLAN OF CORRE	CTION	1 000
PREFIX TAG		LATORY DR L	MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL (TION)	PREFIX TAG	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE APP DEFICIENCY)	IOUR DIRE	(X5) COMPLETE DATE
1 398	Continu	ed From pag	ge 16		I 398			
(398	PROVIS	IONS IMRP shall	SION SERVICES: G	5ed	1398	3520.2(b) At this time social work services	are	
	песер	iry professio	carry out and monito anal interventions, in goals and objective			contracted out to agencies by the department on disability services	. Capital	
	individe	l habilitation	n pian, as determine: lerdisciplinary team, '	d to be		care will follow up with DDS in instances and find out about getti	such ng	
	profession	bnal service:	s may include, but no vices provided by ind	ntha /		licenses. The licenses will be planfile by 3/30/08. The HR department	ent will	
	Distriction	qualified, an f Columbia	ld licensed as require law in the following	ed by		audit personnel files quarterly, to that all licenses are current.	ensure	3/5/08
		s or areas	of services:					
	(h) 50							
	Based	h interview a	net as evidenced by: and record review the	3				
	on file	failed to hav	ve each professional	s license		9	•	
	The fire	ng includes:		Ì				
	February	4, 2008 faile	of the consultants fill ed to evidence that t	he !				
1	2001의 機能	orker had co e survey.	urrent license on file	at the		•		
1 454	3521.9	ABILITATIO	ON AND TRAINING		1454			
	provisica	s, shall essis	lition to the above st each resident in of	otaining (į	
1	place mai employi	it in an appn ent, or daγtir	opriate educational, me training program:					
[Provided:	that the pla	cement shall be condition	sistent		•		
1			et as evidenced by:					
ith Regulat	ion Admini	tration	<u> </u>					
ATE FORM				4500	T T	SDJ1t	If continuation	sheet 17 of 19

STATEME AND PLAN	STATEMENT OF DEFICENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE		R/CLIA MBER:	A. BUILI		(X3) DATE SURVEY COMPLETED		
<u> </u>			HFD12-0074		B. WING	3	02	10.412.000
NAME OF	PROVIDER	R SUPPLIER		STREET A	DDRESS, CIT	Y, STATE, ZIP CODE		04/2008
CAPITA	L CARE			2820 HA	RTFORD S GTON, DÇ	TEET, SE		
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1 454	Continu	d From pa	oe 17		1 454	3521.9		<u> </u>
	Based to home a the facility of the finite facility of the facility of the program evidence particles.	h observation day progressive to end of the control	on, interviews with gram staff, and record ensure that outside some the six clients in	review, ervices residing dent #2, m staff, day I to vere		Resident #2 now attends day prodaily basis. In the future, all atterbe made in coordination with the Service Coordinator and resident coordinator to assist individuals appropriate day program placem 15 days of discharge from anothe Residents #5 and #6 are medical and must be at home due to med treatments that cannot be perfort program site. The home has provof leisure activities and ADL proengage in while in the home, so continue to learn and grow or at least maintain their levels of performance to the service of performance to the service of performance to the service of the service	mpts will DDS tial in locating ent within r program. ly fragile, ical ned at a day yided a list grams to that they the very	3/30/08
	Each is medical resident. This States are view ensure rewithout. The find. 1. Observer revealed Renage.	te is not mobservation e GHMRP's edication accumentation of the 1,2008 at a nat the Resion with	maintain an individua ration record for each ret as evidenced by: n, interview and raco is nursing staff failed to	rd to were		3522.5 1. The RN has reviewed the policy medication administration with the LPN has also been in-serviced on medication administration docume and charting errors. The RN will p quarterly oversight to ensure that medications are administered prop	E LPNs. proper entation, rovide	
1 €	inner i	the resider	nt's medications prior v of the MAR reveale	to his		errors properly documented.	vily, and	3/20/08

STATEMENT OF DEFENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIDENTIFICATION N HFD12-0074			A SUILDI	TIPLE CONSTRUCTION NG	(XS) DATE COMP				
			HFD12-0074				.02/	04/2008	
NAME OF P	ROVIDER	R SUPPLIER		•		SYATE, ZIP CODE			
CAPITAL		7,00		WASHING	TFORD ST	TEET, SE 20020			
(X4) ID PREFIX	(60	UMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF COR	RECTION	0(5)	
TAG	REG	DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD RE	COMPLETE DATE	
1 474	Continu	d From pa	age 18		1474				
	the LNT this me error. 2. Obs Februs reveale Docusa nurse, give it to complet not male client D LPN co- later tra ensured	vation of t 1. 2008 a that the R Sodium the medica the resided in of the management a second usate. And dinator she evening. hat the Management	the MAR that she admich was an document the medication pass of approximately 5:05 esident #5 refused to 100 mg from the medition nurse stated she not later when calm. An edication pass the nurse administered the medication to interview the administered the medication refused the nurse in the statement to administered the medication refused the nurse in the statement to administered the administered the statement to administered the statement to administered the statement to administered the statement to administered the statement to administered the statement to administered the statement to administered the statement to administered the statement to administered the statement to administered the statement to a state	ation In PM take her ication would tithe urse did rithe with the edication		2. The RN has reviewed the permedication administration wit LPN has also been in-serviced medication administration doc and charting errors. The RN we quarterly oversight to custure it medications are administrated perfors properly documented.	h the LPNs. on proper umentation, ill provide	3/20/08	
j olth Regulati ATE FORM	on Admin	abon							

Ms. Sharon Mebane, DOH

From: Paul Atang, Capital Care

RE Survey Responses for 2820 Hartford street, SE DC 20020.

Date: March 3, 2008

GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health

Health Confederation & Licenses Administration



SENT VILLEACSIMILE & MAILED

Februar 2008

Mr. Paul Frang
Executive Director
Capital Care, Inc.
12416 Dealey Road
Silver Spring, MD 20906-3804

RE: 2820 Variford Street, SE

Dear Mr Ling:

Pursuant be your request, an initial licensure survey was conducted at your facility identified above on February 2008. Enclosed is the Statement of Deficiencies for licensure. You are required to respond to each deficiency. Although a reasonable period of time may be allowed for actual correction of these deficiencies, it is imperative that your plan, with specific dates for anticipated completion, be signed, dated and acturned to this office no later than March 3, 2008. Since these reports are subject to public disclosure at is necessary that the responses be indicated on the original forms (and not on an attachment, except if seemitting a copy of a policy change). NOTE: "Corrected" is not an accepted reply. The plan MUST also include the following.

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.

PLEASE PLOTE: Plans of Correction not adhering to the above requirements will not be considered acceptable.